STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and CirculationATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 1. TITLE OF NEWSPAPER 2. DATE 9-23-2015 Clear Lake Courier 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISHED ANNUALLY **3B. ANNUAL SUBSCRIPTION** PRICE \$ 35 & 45 52 Weekly 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 416 3rd Ave S, PO Box 830, Clear Lake, Deuel County, SD 57226-0830 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
416 3rd Ave S, PO Box 830, Clear Lake, Deuel County, SD 57226-0830 6. FULL NAME OF PUBLISHER: Ken Reiste 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. **FULL NAME** COMPLETE MAILING ADDRESS PO Box 830, Clear Lake, SD 57226-0830 Ken Reiste KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. None **AVERAGE NO. COPIES ACTUAL NO. COPIES EACH** 9. EXTENT AND NATURE OF CIRCULATION **ISSUED ISSUED PRECEDING 12 NEAREST TO FILING DATE MONTHS** A. TOTAL NO. COPIES (Net Press Run) 1500 1500 **B.PAID AND/OR REQUESTED CIRCULATION** 1. Sales through dealers and carriers, street vendors, 425 415 counter sales, and paid electronic copies. 2. Mail Subscription 994 (Paid and or requested) 1015 C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) 1430 1419 D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS 8 8 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES 10 10 E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) 1448 1437 F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing 52 63 2. Return from News Agents 0 0 G.TOTAL (Sum of E, F1 and F2 - Should equal net press run 1500 1500 shown in A) Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: owner (Title) Sworn to before me this day of State of South Dakota County of My Commission Expires My commission expires: 01/06/17

Form: SOS REC 051 8/2014